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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
CENTRAL DISTRICT OF CALIFORNIA	<u> </u>	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Robert	 Debbie
	your government-issued picture identification (for	First name	First name
	example, your driver's license or passport).	В	 M
	,	Middle name	Middle name
	Bring your picture identification to your	Martin	 Martin
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	3	Debbie Salinas
	Include your married or maiden names.		
	maiden names.		
3.	Only the last 4 digits of your Social Security number or federal	xxx-xx-6791	xxx-xx-9379
	Individual Taxpayer Identification number (ITIN)	AAA-AA-0/31	XXX-XX-33/3

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	btor 1 Robert B Martin btor 2 Debbie M Martin		Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		4675 Jackson St Apt 1 Riverside, CA 92503				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Riverside				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
this	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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	otor 1 otor 2	Robert B Martin Debbie M Martin					Case number (if known)	
Par	t 2:	Tell the Court About \	our Bank	ruptcy Ca	ase			
7.	Banl	chapter of the akruptcy Code you are				each, see <i>Notice Required by</i> ge 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankrup e box.	otcy
	cnoc	sing to file under	Chap	ter 7				
			☐ Chap	ter 11				
			☐ Chap	ter 12				
			☐ Chap	ter 13				
8.	How	you will pay the fee	abo ord a p	out how your ler. If your re-printed	ou may pay. Typical attorney is submitti address.	ly, if you are paying the fee yo ng your payment on your beha	k with the clerk's office in your local court for more of urself, you may pay with cash, cashier's check, or half, your attorney may pay with a credit card or check, on, sign and attach the Application for Individuals to	money ck with
			The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out					
							n installments). If you choose this option, you must to ial Form 103B) and file it with your petition.	fill out
9.		you filed for cruptcy within the	■ No.					
		8 years?	☐ Yes.					
				District		When	Case number	
				District		When	Case number	
				District		When	Case number	
10.		any bankruptcy s pending or being	■ No					
	filed not f you,	by a spouse who is iling this case with or by a business ner, or by an	☐ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.		ou rent your lence?	■ No.	Go to	line 12.			
	resid	ience:	☐ Yes.	Has yo	our landlord obtaine	d an eviction judgment agains	t you?	
					No. Go to line 12.			
					Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) and file it as pa	art of

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Deb	tor 1 tor 2	Robert B Martin Debbie M Martin				Case number (if known)			
Part	3:	Report About Any Bu	sinesses `	You Owr	as a Sole Propriet	or			
12.	of an	ou a sole proprietor y full- or part-time ness?	■ No.	■ No. Go to Part 4.					
			☐ Yes.	Name	and location of bus	iness			
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				Name of business, if any					
	sole	have more than one proprietorship, use a		Numb	er, Street, City, Stat	e & ZIP Code			
		rate sheet and attach nis petition.		Chec	the appropriate bo	x to describe your business:			
Health Care Business (as defined in 11 U.S.C. § 101(27A))						•			
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))						
					Stockbroker (as de	efined in 11 U.S.C. § 101(53A))			
					Commodity Broke	r (as defined in 11 U.S.C. § 101(6))			
					None of the above				
13.	Chap Bank	rou filing under oter 11 of the cruptcy Code and are a small business	deadlines operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).					
	For a	r a definition of <i>small</i> siness debtor, see 11 S.C. § 101(51D).	No.	I am r	ot filing under Chap	ter 11.			
			□ No.	l am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
			☐ Yes.	I am f	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Part	4:	Report if You Own or	Have Any	Hazardo	us Property or Any	y Property That Needs Immediate Attention			
14.	Do y	ou own or have any	No.						
		erty that poses or is ed to pose a threat	☐ Yes.						
		minent and ifiable hazard to		What is	the hazard?				
pub Or o pro		c health or safety? b you own any erty that needs ediate attention?			iate attention is why is it needed?				
	peris livest or a l	xample, do you own hable goods, or ock that must be fed, ouilding that needs tt repairs?		Where is	s the property?	Number, Street, City, State & Zip Code			

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	tor 1 Robert B Martin tor 2 Debbie M Martin				Case number (if known)
art	5: Explain Your Efforts t	o Re	eceive a Briefing About Credit Counseling		
		Abo	out Debtor 1:	Abo	out Debtor 2 (Spouse Only in a Joint Case):
you have re briefing abo counseling. The law requ receive a bri	Tell the court whether you have received a briefing about credit counseling. The law requires that you receive a briefing about	You	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment	You ■	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if
	credit counseling before you file for bankruptcy. You must truthfully check one of the following		plan, if any, that you developed with the agency. I received a briefing from an approved credit counseling agency within the 180 days before I		any, that you developed with the agency. I received a briefing from an approved credit counseling agency within the 180 days before I filed
	choices. If you cannot do so, you are not eligible to file.		filed this bankruptcy petition, but I do not have a certificate of completion.		this bankruptcy petition, but I do not have a certificate of completion.
	If you file anyway, the court can dismiss your case, you		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
			bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is		Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
			dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case		If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for
			may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15		cause and is limited to a maximum of 15 days.
			days. I am not required to receive a briefing about credit counseling because of:		I am not required to receive a briefing about credit counseling because of:
			☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		■ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			Active duty. I am currently on active military duty in a military combat zone.		Active duty. I am currently on active military duty in a military combat zone.
			If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.		If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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ebt	or 1 Robert B Martin or 2 Debbie M Martin			Case number ((if known)			
art	6: Answer These Question	ons for Re	eporting Purposes					
3.	What kind of debts do you have?	16a.	Are your debts primarily	consumer debts? Consumer debts are define ersonal, family, or household purpose."	ed in 11 U.S.C. § 101(8) as "incurred by an			
	you navo.		☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.		u owe that are not consumer debts or business	debts			
7.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap					
	Do you estimate that after any exempt property is excluded and	Yes.	I am filing under Chapter are paid that funds will be	7. Do you estimate that after any exempt prope available to distribute to unsecured creditors?	rty is excluded and administrative expense			
	administrative expenses are paid that funds will		■ No					
	be available for distribution to unsecured creditors?		□Yes	,				
18.	How many Creditors do	1 -49		1,000-5,000	□ 25,001-50,000 □ 50,001-100,000			
	you estimate that you owe?	□ 50-9	9	□ 5001-10,000 □ 10,001-25,000	☐ More than100,000			
	owe.	☐ 100- ☐ 200-		☐ 10,001-23,000				
19	How much do you	= \$0	\$50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
10.	estimate your assets to		001 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion			
	be worth?		0,001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 = \$30 billion			
		□ \$500	0,001 - \$1 million	□ \$100,000,001 - \$500 Hillion				
20.	How much do you	□ \$0 -	\$50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion			
	estimate your liabilities to be?	\$50	0,001 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	\$1,000,000,001 - \$10 billion			
	to be r		0,001 - \$500,000 0,001 - \$1 million	□ \$50,000,001 - \$500 million	☐ More than \$50 billion			
Pa	rt 7: Sign Below							
.77	r you	I have	examined this petition, and	I declare under penalty of perjury that the inform	mation provided is true and correct.			
		Aug (A) (A) (A)		oter 7, I am aware that I may proceed, if eligible the relief available under each chapter, and I cl	under Chapter 7, 11,12, or 13 of title 11,			
		If no at	ttorney represents me and lent, I have obtained and re	did not pay or agree to pay someone who is no ad the notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this			
				e with the chapter of title 11, United States Code, specified in this petition.				
bar			rstand making a false state uptcy case can result in fine	ment, concealing property, or obtaining money is up to \$250,000, or imprisonment for up to 20	Marty			
		Robe	ert B Martin ture of Debtor 1	Debbie M Marti Signature of Debt				
		Execu	ited on 414119	Executed on M	1/4/// M/DD/YYYY			
			MM / DD / YYYY	JVII.	microsoft to the			

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Debtor 1 Debtor 2 Robert B Ma Debbie M Ma		Case number (if known)				
For your attorney, if you represented by one	under Chapter 7, 11, 12, or 13 of title 11, United for which the person is eligible. I also certify that	States Code, and have exp	btor(s) the notice required by 11 U.S.C. § 342(b)			
If you are not represente an attorney, you do not r to file this page.		Date	MM/DD/YYYY			
	Paul Y. Lee 231390 Printed name					
	Law Offices of Paul Y. Lee Firm name 10580 Magnolia Ave. Suite A Riverside, CA 92505					
	Number, Street, City, State & ZIP Code Contact phone 951-755-1000	Email address	court@leelawyer.com			
	231390 CA Bar number & State	V.	_			

STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

Robert B Martin Signature of Debtor 1
Debbie M Martin Signature of Debtor 2
t

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Fill in this infor				
Debtor 1	Robert B Martin			
	First Name	Middle Name	Last Name	
Debtor 2	Debbie M Martin			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		CENTRAL DISTRICT C	PF CALIFORNIA	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

	mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	d schedule	es after you file
Part	1: Summarize Your Assets		
		Your ass Value of	sets what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	1,400.0
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,400.0
art	2: Summarize Your Liabilities		
		Your lial Amount	
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	5,939.00
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	17,636.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	76,219.0
	Your total liabilities	\$	99,794.08
Part	3: Summarize Your Income and Expenses		
l.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,332.9
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,015.0
art	4: Answer These Questions for Administrative and Statistical Records		
3.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	r other sche	edules.
7 .	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal, f	amily, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	box and sul	bmit this form to
Offic	cial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information	•	age 1 of 2
	are Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com		est Case Bankruptcv

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Debtor 2				
	om the Statement of Your Current Monthly Income: Copy your total current monthly income from Official F 2A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	orm	\$1,76	64.73

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	17,636.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	52,495.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	70,131.00

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Fill in this info		and this filings			
	rmation to identify your ca	ase and this filing:			
Debtor 1	Robert B Martin First Name	Middle Name	Last Name		
Debtor 2	Debbie M Martin	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States B	Bankruptcy Court for the: (CENTRAL DISTRICT OF	CALIFORNIA		
Officed States D	danki upicy Court for the.	OLIVITAL DIOTTIOT OF	OALII ORIVIA		
Case number					☐ Check if this is an
					amended filing
Official Fo	orm 106A/B				
		~ v4. v			
	le A/B: Prope				12/15
think it fits best.	Be as complete and accurate ore space is needed, attach a	e as possible. If two marrie	once. If an asset fits in more than one or the condition of the condition	are equally responsible for s	upplying correct
Part 1: Describ	e Each Residence, Building,	Land, or Other Real Estate	You Own or Have an Interest In		
l. Do you own o	r have any legal or equitable i	interest in any residence. I	ouilding, land, or similar property?	,	
_		,			
No. Go to Pa	art 2.				
☐ Yes. Where	e is the property?				
Part 2: Describ	e Your Vehicles				
Part 2. Describ	e rour venicies				
□ No ■ Yes	trucks, tractors, sport utili	ncy vernicles, motorcycle	79		
	Discount de l			Do not deduct secured a	claims or exemptions. Put
3.1 Make:	Hyundai		est in the property? Check one	the amount of any secur	red claims on <i>Schedule D:</i>
Model:	Santa Fe	Debtor 1 only		Creditors Who Have Cla	nims Secured by Property.
Year:	2009 ate mileage: 105,0	Debtor 2 only		Current value of the	Current value of the
Approximation Other info		Debitor raind b	•	entire property?	portion you own?
Other into	illiauoli.	At least one of	the debtors and another		
		Check if this i	s community property	\$0.00	\$0.00
Examples: Bo ■ No □ Yes 5 Add the dol	oats, trailers, motors, persor	nal watercraft, fishing ves	nal vehicles, other vehicles, an esels, snowmobiles, motorcycle a ntries from Part 2, including ar	accessories ny entries for	\$0.00

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Debto Debto		Robert B Martin Debbie M Martin Case number (if known)	
	ample	old goods and furnishings s: Major appliances, furniture, linens, china, kitchenware	
•	Yes.	Describe	
		Household Goods and Furnishings	\$1,100.00
= 1	ample No	ics s: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music c including cell phones, cameras, media players, games Describe	ollections; electronic devices
Exa	ample No	oles of value s: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles Describe	or baseball card collections;
Exa	ample No	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments Describe	and kayaks; carpentry tools;
10. Fi r <i>E</i> : ■ I	r earm x <i>amp</i> No		
	x <i>amp</i> No	les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	
		Clothing	\$300.00
	x <i>amp</i> No	r les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g Describe	old, silver
E: ■ I	x <i>amp</i> No	m animals les: Dogs, cats, birds, horses Describe	
= 1	No	ner personal and household items you did not already list, including any health aids you did not list Give specific information	
		ne dollar value of all of your entries from Part 3, including any entries for pages you have attached rt 3. Write that number here	\$1,400.00
		cribe Your Financial Assets	
Do yo	u ow	n or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.

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	ebtor 1 ebtor 2	Robert B M Debbie M M					(Case number <i>(if kn</i> ow	vn)	
16.	■ No	les: Money you	•			•	and on hand w	when you file your pe	tition	
17.						certificates of depos the same institution,		edit unions, brokerag	e houses, and other s	similar
	Yes					Institution name:				
			17.1.	Checking		Bank of America	<u>a</u>			\$0.00
18.		mutual funds,				ge firms, money mark	ket accounts			
	■ No		,	Institution or is						
19.	joint ve		tock and	interests in in	corporated	d and unincorporate	ed businesses	s, including an inte	rest in an LLC, partn	ership, and
	■ No □ Yes.	Give specific in		about them ne of entity:				% of ownership:		
	Negotia Non-ne ■ No	able instrument	s include prents are	ersonal check those you canr	s, cashiers'	and non-negotiabl checks, promissory to someone by signi	notes, and mo	ney orders.		
21.		nent or pension les: Interests in			(k), 403(b)	, thrift savings accou	ınts, or other pe	ension or profit-shariı	ng plans	
		_ist each accou		ely. of account:		Institution name:				
22.	Your sh		ed deposit	s you have ma		you may continue se utilities (electric, gas		om a company communications comp	oanies, or others	
	■ No □ Yes					Institution name or	individual:			
23.	Annuiti	es (A contract f	or a perio	dic payment of	money to y	ou, either for life or f	or a number of	f years)		
	☐ Yes	!	ssuer nam	e and descripti	on.					
24.		s in an educat i C. §§ 530(b)(1),			n a qualifie	ed ABLE program, o	or under a qua	alified state tuition	program.	
	☐ Yes	lı	nstitution r	ame and desc	ription. Sep	parately file the record	ds of any intere	ests.11 U.S.C. § 521	(c):	
25.	Trusts, ■ No	equitable or fu	ıture inte	ests in prope	rty (other t	han anything listed	l in line 1), and	d rights or powers e	exercisable for your	benefit
		Give specific in								
26.						er intellectual prop m royalties and licen		nts		
		Give specific in	formation	about them						

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27. Locanesa, franchises, and other general intangibles		btor 1 btor 2	Robert B Martin Debbie M Martin	Case number (if known)	
Yes. Give specific information about them Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions.		Examp		noldings, liquor licenses, professional licenses	
Do not deduct secured claims or exemptions. Po not deduct secured claims or exemptions.			Give specific information about them		
No	Mo	oney or p	roperty owed to you?		portion you own? Do not deduct secured
Yes, Give specific information about them, including whether you already filed the returns and the tax years Parally support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes, Give specific information 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security Denefits, unpaid loans you made to someone else No Yes, Give specific information. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Surrender or refund value: Surrender or life insurance policy Yes. Same the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Surrender or life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information. Surrender or life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information. Yes. Describe each claim		_	nds owed to you		
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information			ive specific information about them, including whether you alread	ly filed the returns and the tax years	
30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 22. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim		Example No	es: Past due or lump sum alimony, spousal support, child support	, maintenance, divorce settlement, property set	tlement
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund value: Surrender or a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information No Yes. Give specific information Surrender or rights to sue No Yes. Describe each claim No Yes. Give specific information No Yes. Give s		□ 1es. (nve specific information		
31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim	30.	Examp	es: Unpaid wages, disability insurance payments, disability benefi	ts, sick pay, vacation pay, workers' compensat	ion, Social Security
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim No Yes. Describe each claim No Yes. Describe each claim No Yes. Give specific information 34. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here		☐ Yes.	Give specific information		
Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim No Yes. Give specific information 35. Any financial assets you did not already list No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here		Examp.		SA); credit, homeowner's, or renter's insurance	
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here		☐ Yes. I		Beneficiary:	
 Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim		If you a	re the beneficiary of a living trust, expect proceeds from a life insu		property because
Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here			Give specific information		
Yes. Describe each claim	33.	Examp.			
No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here		_	Describe each claim		
35. Any financial assets you did not already list No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here		No		counterclaims of the debtor and rights to se	t off claims
No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here					
for Part 4. Write that number here		■ No	•		
37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6.	36			. • •	\$0.00
■ No. Go to Part 6.	Pa	rt 5: Des	cribe Any Business-Related Property You Own or Have an Interest In.	List any real estate in Part 1.	
_	_			perty?	
	_	_			

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Debi		Robert B Martin Debbie M Martin		Case number (if known)	
Part		scribe Any Farm- and Commercial Fishing-Related Property You (ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. [Oo you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes.	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
		have other property of any kind you did not already list? bles: Season tickets, country club membership			
	l No	noc. Coucon donote, country order mornisoromp			
	Yes.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	t number here	<u>-</u>	\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.	Part 2	2: Total vehicles, line 5	\$0.00		
57.	Part 3	3: Total personal and household items, line 15	\$1,400.00		
58.	Part 4	: Total financial assets, line 36	\$0.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	': Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$1,400.00	Copy personal property tota	\$1,400.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$1,400,00

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Fil	in this inform	nation to identify your c	ase:				
De	btor 1	Robert B Martin				_	
Do	btor 2	First Name	Middle Name	L	Last Name		
	ouse if, filing)	Debbie M Martin First Name	Middle Name	L	_ast Name	-	
Un	ited States Bar	nkruptcy Court for the:	CENTRAL DISTRICT	OF CALIFO	PRNIA	-	
Ca	se number						
(if k	nown)						Check if this is an amended filing
Ot	ficial For	m 106C					
S	chedule	e C: The Pro	perty You	Claim	as Exempt		4/19
the	property you lis ded, fill out and	sted on <i>Schedule A/B: Pr</i> d attach to this page as m	operty (Official Form 10	6A/B) as yo	ther, both are equally responsible our source, list the property that age as necessary. On the top of	you claim as e	xempt. If more space is
cas For spe	cific dollar an	property you claim as e nount as exempt. Altern	atively, you may claim	the full fa	ount of the exemption you cla ir market value of the property th aids, rights to receive certa	being exemp	ted up to the amount of
For spe any fun- exe to t	each item of positive dollar am applicable statemay be unapplicable applicable	property you claim as e nount as exempt. Altern atutory limit. Some exe nlimited in dollar amoun articular dollar amount statutory amount.	atively, you may clain mptions—such as tho nt. However, if you cla and the value of the p	i the full fa se for heal im an exer	ir market value of the property	being exemp in benefits, an alue under a	oted up to the amount of nd tax-exempt retirement law that limits the
For spe any fun exe to t	each item of positive dollar am applicable statemay be unapplicable applicable	property you claim as e nount as exempt. Altern atutory limit. Some exe nlimited in dollar amoun articular dollar amount	atively, you may clain mptions—such as tho nt. However, if you cla and the value of the p	i the full fa se for heal im an exer	ir market value of the property th aids, rights to receive certa nption of 100% of fair market	being exemp in benefits, an alue under a	oted up to the amount of nd tax-exempt retirement law that limits the
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For spe any fun- exe to t	each item of perific dollar and applicable stands—may be under the applicable applicable applicable which set of	property you claim as e nount as exempt. Altern atutory limit. Some exe nlimited in dollar amoun articular dollar amount statutory amount. y the Property You Clai	natively, you may claim mptions—such as tho nt. However, if you cla and the value of the po m as Exempt himing? Check one only	the full fa se for heal im an exer roperty is c	ir market value of the property th aids, rights to receive certa nption of 100% of fair market value determined to exceed that amount our spouse is filing with you.	being exemp in benefits, an alue under a	oted up to the amount of nd tax-exempt retirement law that limits the
For spe any fun- exe to t	each item of positive dollar and applicable standard may be under the applicable of the applicable which set of You are classifications.	property you claim as e nount as exempt. Altern atutory limit. Some exeminimited in dollar amount articular dollar amount statutory amount. The property You Clain exemptions are you clain as exemptions are you clain and the property ou clain exemptions are you clain and the property ou clain are you clain are you clain and the property ou clain are you clain are your clain are you clain are you clain are your your clain are your your your your your your your your	natively, you may claim mptions—such as tho nt. However, if you cla and the value of the pr m as Exempt nonbankruptcy exemption	the full fa se for heal im an exer coperty is c , even if yo ons. 11 U.S	ir market value of the property th aids, rights to receive certa nption of 100% of fair market value determined to exceed that amount our spouse is filing with you.	being exemp in benefits, an alue under a	oted up to the amount of nd tax-exempt retirement law that limits the
For spe any function to t	each item of participation in the control of the co	property you claim as e nount as exempt. Altern atutory limit. Some exer nlimited in dollar amount articular dollar amount statutory amount. y the Property You Clai exemptions are you clai aiming state and federal r	matively, you may claim mptions—such as tho nt. However, if you cla and the value of the promase Exempt mas Exempt monbankruptcy exemptions. 11 U.S.C. § 522(b)(2)	the full fa se for heal im an exer roperty is o y, even if yo ons. 11 U.S	ir market value of the property th aids, rights to receive certa nption of 100% of fair market value determined to exceed that amount our spouse is filing with you.	being exemp in benefits, an alue under a	oted up to the amount of nd tax-exempt retirement law that limits the
For spe any function to t	each item of pricific dollar am applicable stads—may be used to a path applicable applic	property you claim as e nount as exempt. Altern atutory limit. Some exer nlimited in dollar amount articular dollar amount statutory amount. y the Property You Clai exemptions are you clai aiming state and federal r	matively, you may claim mptions—such as tho nt. However, if you cla and the value of the promote mas Exempt mas Exempt monbankruptcy exemptions. 11 U.S.C. § 522(b)(2) le A/B that you claim a	the full fase for healim an exercoperty is common and the full fast of the fas	ir market value of the property th aids, rights to receive certa nption of 100% of fair market of determined to exceed that amount spouse is filing with you. S.C. § 522(b)(3)	being exemp in benefits, ai value under a vunt, your exe	oted up to the amount of nd tax-exempt retirement law that limits the
For spe any function to t	each item of pricific dollar am applicable stads—may be used to a path applicable applic	property you claim as e property you claim as exempt. Altern atutory limit. Some exemption articular dollar amount statutory amount. The property You Claim exemptions are you claim in grate and federal reading federal exemptions are you list on Scheduen of the property and line	matively, you may claim mptions—such as tho nt. However, if you cla and the value of the property of the prope	the full fase for healim an exercoperty is comparty is comparty. A even if your ons. 11 U.S. A exempt, fithe Amon	ir market value of the property th aids, rights to receive certa option of 100% of fair market of determined to exceed that amount of the property of the prop	being exemp in benefits, an value under a bunt, your exe	oted up to the amount of and tax-exempt retirement law that limits the emption would be limited
For spe any function to t	each item of pricific dollar am applicable stads—may be used to a path applicable applic	property you claim as e property you claim as exempt. Altern atutory limit. Some exemption articular dollar amount statutory amount. The property You Claim exemptions are you claim in grate and federal reading federal exemptions are you list on Scheduen of the property and line	matively, you may claim mptions—such as tho nt. However, if you cla and the value of the promote mas Exempt mas Exempt monbankruptcy exemptions. 11 U.S.C. § 522(b)(2) le A/B that you claim a configuration of the promote configuration of the prom	the full fase for heal im an exer roperty is common. 11 U.S. 2) as exempt, fithe Ammon Chemon Chemon Chemon common commo	ir market value of the property th aids, rights to receive certa nption of 100% of fair market of determined to exceed that and our spouse is filing with you. S.C. § 522(b)(3) fill in the information below. ount of the exemption you claim	specific I	oted up to the amount of and tax-exempt retirement law that limits the emption would be limited
For spe any function to t	each item of pricific dollar am applicable stads—may be used to a path applicable applic	property you claim as e property you claim as exempt. Altern atutory limit. Some exemption articular dollar amount statutory amount. The property You Claim exemptions are you claim exemptions are you claim in grate and federal resiming federal exemptions erty you list on Schedue on of the property and line that lists this property Goods and Furnishing at exemption in the property and line that lists this property	matively, you may claim mptions—such as tho nt. However, if you cla and the value of the primas Exempt mas Exempt monbankruptcy exemptic s. 11 U.S.C. § 522(b)(2) le A/B that you claim a configuration you ow Copy the value from Schedule A/B	the full fase for heal im an exer roperty is common. 11 U.S. 2) as exempt, fithe Ammon Chemon Chemon Chemon common commo	ir market value of the property th aids, rights to receive certa nption of 100% of fair market value that amount of the property determined to exceed that amount spouse is filing with you. S.C. § 522(b)(3) fill in the information below. ount of the exemption you claim eck only one box for each exemption	Specific I	oted up to the amount of and tax-exempt retirement law that limits the emption would be limited
For spe any function to t	each item of pricific dollar am applicable stads—may be up mption to a pathe applicable of the applica	property you claim as e property you claim as exempt. Altern atutory limit. Some exemption articular dollar amount statutory amount. The property You Claim exemptions are you claim exemptions are you claim in grate and federal resiming federal exemptions erty you list on Schedue on of the property and line that lists this property Goods and Furnishing at exemption in the property and line that lists this property	matively, you may claim mptions—such as tho nt. However, if you cla and the value of the primas Exempt mas Exempt monbankruptcy exemptic s. 11 U.S.C. § 522(b)(2) le A/B that you claim a configuration you ow Copy the value from Schedule A/B	a the full fase for heal im an exer roperty is common to the full fase for heal im an exer roperty is common for the fase for heal fase fase for heal fase f	ir market value of the property th aids, rights to receive certa nption of 100% of fair market value for market value to exceed that amount of the exemption with you. S.C. § 522(b)(3) fill in the information below. ount of the exemption you claim eck only one box for each exemption \$1,100.0 100% of fair market value, up	Specific I	oted up to the amount of and tax-exempt retirement law that limits the emption would be limited

 ${\it 3.} \quad \hbox{Are you claiming a homestead exemption of more than $170,350?}$

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Official Form 106C

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	tion to identify you	ir case:			
Debtor 1	Robert B Martin				
Dobtor 2		Middle Name Last Name			
Debtor 2 (Spouse if, filing)	Debbie M Martin	Middle Name Last Name			
United States Bank	ruptov Court for the	: CENTRAL DISTRICT OF CALIFORNIA			
Officed States Bank	rupicy Court for the	CENTRAL DISTRICT OF CALIFORNIA			
Case number					
(if known)					if this is an led filing
				differio	ica iiii ig
Official Form	<u> 106D</u>				
Schedule D	: Creditors	Who Have Claims Secured	by Property	y	12/15
Re as complete and a	ccurate as nossible	If two married people are filing together, both are equ	ally responsible for su	unnlying correct informa	tion If more snace
is needed, copy the A		out, number the entries, and attach it to this form. On			
number (if known). 1. Do any creditors ha	ave claims secured by	v vour property?			
		his form to the court with your other schedules. You	u have nothing else t	o report on this form	
_	II of the information	•	a nave nothing cloc to	o report on this form.	
		below.			
	Secured Claims		Column A	Column B	Column C
		more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list	the claims in alphabeti	ical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Capital One	Auto Finan	Describe the property that secures the claim:	\$5,939.00	\$0.00	\$5,939.00
Creditor's Name		2009 Hyundai Santa Fe 105,000			
		miles			
Po Box 259	407	As of the date you file, the claim is: Check all that apply.			
Plano, TX 7	5025	☐ Contingent			
Number, Street, Ci	ity, State & Zip Code	☐ Unliquidated			
Miles and the debt	0.0.	Disputed			
Who owes the debt	? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as mortgage or secu car loan)	irea		
■ Debtor 1 and Debt	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
Dobtor I and Dobt	,	☐ Judgment lien from a lawsuit			
At least one of the		Other (including a right to offset)			
☐ At least one of the ☐ Check if this clair community debt					
Check if this clair	Opened				
Check if this clair	Opened 04/16 Last				
Check if this clair community debt	04/16 Last Active	4004			
Check if this clair	04/16 Last Active	Last 4 digits of account number			
Check if this clair community debt	04/16 Last Active	Last 4 digits of account number 1001			
Check if this clair community debt	04/16 Last Active ed 2/04/19	Last 4 digits of account number 1001	\$5,93	39.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

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Fill in thi	is informa	ation to identify your	case:								
Debtor 1		Robert B Martin									
Dobtor 2		First Name	Midd	dle Name	Last Name	9					
Debtor 2 (Spouse if, f	iling)	Debbie M Martin First Name	Mide	dle Name	Last Name	э					
United St	tates Banl	kruptcy Court for the:	CENTR	AL DISTRICT OF CA	LIFORNIA						
Case nur	mbor										
(if known)	iibei								☐ Checl	k if this is a	ın
									amen	ded filing	
Official	l Form	106E/F									
		F: Creditors W	ho Ha	ve Unsecured	d Claim	s				12/1	5
any execut Schedule (Schedule I eft. Attach	tory contra G: Executo D: Crediton the Conti case numl	accurate as possible. Us acts or unexpired leases ory Contracts and Unexp rs Who Have Claims Sec- inuation Page to this pag ber (if known). of Your PRIORITY Un	that could ired Leases ured by Pro e. If you ha	result in a claim. Also s (Official Form 106G). operty. If more space is ave no information to r	list executo Do not inclus needed, co	ry contract ide any cre py the Part	s on Sched ditors with _l you need, f	ule A/B: P partially s ill it out, i	roperty (Official Fo ecured claims that number the entries	orm 106A/B) are listed in in the boxes	and on n s on the
		s have priority unsecure									
□ No	o. Go to Pa	rt 2.		-							
■ Ye	es.										
identif possik	y what type ole, list the	priority unsecured claims e of claim it is. If a claim ha claims in alphabetical orde an one creditor holds a pa	s both prior er according	ity and nonpriority amou to the creditor's name.	unts, list that o If you have m	laim here a	nd show botl	n priority a	nd nonpriority amou	nts. As much	n as
(For a	n explanati	ion of each type of claim, s	ee the instr	ructions for this form in the	he instruction	booklet.)	Total clair	n	Briority	Nonprior	rita.
							Total clair	11	Priority amount	Nonpriori amount	ity
	Des Chil	dsup ditor's Name		Last 4 digits of acco	ount number	1000	\$17	636.00	\$17,636.00	<u> </u>	\$0.00
F	o Box 4			When was the debt	incurred?	Opened Active	l 6/05/06 2/28/19	Last			
N	lumber Str	eet City State Zip Code		As of the date you fi	ile, the claim	is: Check a	ll that apply				
Who	incurred	the debt? Check one.		☐ Contingent							
	Debtor 1 on	lly		☐ Unliquidated							
	Debtor 2 on	ly		☐ Disputed							
	Debtor 1 an	d Debtor 2 only		Type of PRIORITY u	nsecured cla	im:					
	At least one	of the debtors and anothe	er	■ Domestic support	obligations						
	Check if th	is claim is for a commur	nity debt	☐ Taxes and certain	other debts y	ou owe the	government				
ls th	e claim su	bject to offset?		☐ Claims for death of	or personal inj	ury while yo	u were intox	icated			
■ N				Other. Specify						_	
ΠY	'es			(Child Supp	ort					
Part 2:	List All	of Your NONPRIORIT	Y Unsecu	red Claims							
3. Do an	y creditor	s have nonpriority unsec	ured claim	s against you?							
□ No	o. You have	e nothing to report in this p	art. Submit	this form to the court wit	th your other :	schedules.					
■ Ye	es.										
unsec	ured claim one creditor	nonpriority unsecured cla , list the creditor separately r holds a particular claim, li	y for each cl	aim. For each claim liste	ed, identify wh	nat type of c	laim it is. Do	not list cla	ims already included	d in Part 1. Íf	f more
									To	tal claim	

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	2 Debbie M Martin		
4.1	Ad Astra Recovery Serv	Last 4 digits of account number 2714	\$315.00
	Nonpriority Creditor's Name 7330 W 33rd St N Ste 118 Wichita, KS 67205	When was the debt incurred? Opened 01/17	_
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection Attorney Speedy Cash 198	_
4.2	Advance America	Last 4 digits of account number	\$600.00
	Nonpriority Creditor's Name 1688 N Perris Blvd Ste. D-9 Perris, CA 92571	When was the debt incurred?	_
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	_
4.3	Amerassist Ar Solution	Last 4 digits of account number 9563	\$275.00
	Nonpriority Creditor's Name Po Box 26095	When was the debt incurred? Opened 11/16	
	Columbus, OH 43226	ороной тито	_
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Collection Attorney 0078 - Menifee Dental Group	

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	or 1 Robert B Martin or 2 Debbie M Martin	Case number (if known)	
4.4	Aplus Walkin Urgent Care	Last 4 digits of account number	\$70.76
	Nonpriority Creditor's Name 29955 Technology Drive #111 Murrieta. CA 92563	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	_ ' '	
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
		Student loans	
	Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.5	Bank of America	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name	<u> </u>	
	PO Box 17054	When was the debt incurred?	
	Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	Debtor 1 only	_	
	☐ Debtor 2 only	☐ Contingent	
		☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	lacktriangle At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.6	Capital One	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name P.O. Box 60599	When was the debt incurred?	
	City of Industry, CA 91716 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The state year me, and statement of floor air that appry	
	Debtor 1 only		
	Debtor 2 only	Contingent	
	•	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

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2 Debbie M Martin	Case number (if known)	
Care Credit/ Synchrony Bank	Last 4 digits of account number	Unknown
Nonpriority Creditor's Name Po Box 965061 Orlando, FL 32896	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	□ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	□ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Cash Back Loans	Last 4 digits of account number	\$300.00
Nonpriority Creditor's Name 10171 Magnolia Ave Riverside. CA 92503	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only		
☐ Debtor 2 only	☐ Contingent	
■ Debtor 1 and Debtor 2 only	Unliquidated	
•	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	□ Debts to pension or profit-sharing plans, and other similar debts	
	· · · · · · · · · · · · · · · · · · ·	
Yes	Other. Specify	
Cash Back Loans	Last 4 digits of account number	\$270.00
Nonpriority Creditor's Name 10171 Magnolia Ave Riverside, CA 92503	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only		
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No	, , , , , , , , , , , , , , , , , , , ,	

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	r 1 Robert B Martin r 2 Debbie M Martin		Case number (if known)				
l.1)	Century Link	Last 4 digits of account number		\$600.00			
	Nonpriority Creditor's Name P.O. Box 4300	When was the debt incurred?					
	Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent					
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure	d claim:				
	Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not				
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify	ng plans, and other similar debts				
.1	Check N Go	Last 4 digits of account number		\$600.00			
	Nonpriority Creditor's Name 75 W Nuevo Rd Unit K Perris, CA 92571	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another Check if this claim is for a community	Type of NONPRIORITY unsecure Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No □ Yes	Debts to pension or profit-sharin					
	165	Other. Specify					
.1	Collection Bureau Of A Nonpriority Creditor's Name	Last 4 digits of account number	6873	\$243.00			
	25954 Eden Landing Road Hayward, CA 94541	When was the debt incurred?	Opened 03/13				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated						
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	□ Disputed I another Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims 					
	■ No □ Yes	□ Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Ds Services Of America Other. Specify Inc					

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	1 Robert B Martin 2 Debbie M Martin	Case number (if known)	
4.1 3	Collection Bureau Of A	Last 4 digits of account number 8708	\$127.00
	Nonpriority Creditor's Name 25954 Eden Landing Road Hayward, CA 94541	When was the debt incurred? Opened 06/16	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	$oxedsymbol{\square}$ Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	■ Other. Specify Collection Attorney Ds Services Of America Inc	
4.1			
4.1 4	Easypay Finance	Last 4 digits of account number	\$1,200.00
	Nonpriority Creditor's Name PO BOX 2549 Corleged CA 93018	When was the debt incurred?	
	Carlsbad, CA 92018 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	_	
	Debtor 2 only	Contingent	
	<u> </u>	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1 5	Edison	Last 4 digits of account number	\$64.73
	Nonpriority Creditor's Name P.O. Box 800	When was the debt incurred?	
	Rosemead, CA 91770 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

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	Robert B Martin Debbie M Martin	Case number (if known)				
	Enhanced Recovery Co L Nonpriority Creditor's Name	Last 4 digits of account number	9418	\$128.00		
;	Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256	When was the debt incurred?	Opened 01/18			
ī	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
ا	☐ Yes	Other. Specify Communic	Attorney Charter ations			
1	Fed Loan Serv	Last 4 digits of account number	0002	\$52,495.00		
1	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 11/07 Last Active 2/28/19			
ī	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	Student loans				
•	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	Other. Specify				
		Educationa	l .			
4.1 8	Frontier Communication	Last 4 digits of account number		\$300.00		
	Nonpriority Creditor's Name PO BOX 5157	When was the debt incurred?				
ī	Tampa, FL 33675 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	Пол				
	Debtor 2 only	☐ Contingent				
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed				
	☐ At least one of the debtors and another	d claim:				
	Check if this claim is for a community	· · · · · · · · · · · · · · · · · · ·				
	debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
I	Yes	Other. Specify				

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	1 Robert B Martin 2 Debbie M Martin		Case number (if known)	
9	I C System Inc	Last 4 digits of account number	8001	\$50.00
	Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164	When was the debt incurred?	Opened 10/12	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Kindercare	
4.2	Kohls/capone	Last 4 digits of account number	2729	\$616.00
	Nonpriority Creditor's Name	_		
	N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	Opened 06/16 Last Active 8/12/16	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.2	Money Tree	Last 4 digits of account number		\$300.00
	Nonpriority Creditor's Name			,
	PO Box 58363	When was the debt incurred?		
	Seattle, WA 98138 Number Street City State Zip Code	As of the date you file, the claim i	or Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	5. Спеск ан тат арргу	
	Debtor 1 only	_		
	Debtor 2 only	Contingent		
	_	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
		<u> </u>	g plane, and other similar debte	
	Yes	Other. Specify		

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	or 1 Robert B Martin or 2 Debbie M Martin	Case number (if known)					
4.2 2	Money Tree Nonpriority Creditor's Name	Last 4 digits of account number		\$278.00			
	PO Box 58363 Seattle. WA 98138	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	☐ Debtor 1 only ☐ Debtor 2 only	Contingent					
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	I alaimu				
	■ Check if this claim is for a community debt	☐ Student loans	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin					
	Yes	Other. Specify					
4.2	Oportun/progreso Finan Nonpriority Creditor's Name	Last 4 digits of account number	0006	\$6,383.00			
	1600 Seaport Blvd Redwood City, CA 94063	When was the debt incurred?	Opened 8/02/16 Last Active 9/23/16				
	Number Street City State Zip Code Who incurred the debt? Check one.						
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent					
	Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans					
	☐ At least one of the debtors and another ☐ Check if this claim is for a community						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify ☐ Unsecured	g plans, and other similar debts				
4.2	Progressive Leasing	Look della little and a constant and a constant		\$1,200.00			
4	Nonpriority Creditor's Name 256 Data Dr	Last 4 digits of account number When was the debt incurred?		Ψ1,200.00			
	Draper, UT 84020 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	<u> </u>	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not					
	No	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify					

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Progressive Loan	Last 4 digits of account number	\$300.0		
Nonpriority Creditor's Name P.O. Box 22083	When was the debt incurred?			
Tempe, AZ 85285 Number Street City State Zip Code	As at the date you file the claim is Check all that anniv			
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
Debtor 1 only	П.			
Debtor 2 only	Contingent			
■ Debtor 1 and Debtor 2 only	☐ Unliquidated			
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:			
Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
Is the claim subject to offset?	report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts			
■ No	_			
Yes	Other. Specify			
Security Credit Servic	Last 4 digits of account number 8272	\$1,165.0		
Nonpriority Creditor's Name 2653 W Oxford Loop Oxford, MS 38655	When was the debt incurred? Opened 05/18			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •			
☐ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	□ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt	\square Obligations arising out of a separation agreement or divorce that you did not			
Is the claim subject to offset?	report as priority claims			
No	☐ Debts to pension or profit-sharing plans, and other similar debts			
Yes	Other. Specify Collection Attorney Tempoe Llc			
Snap Finance	Last 4 digits of account number	\$600.0		
Nonpriority Creditor's Name	When we the debt in some 10			
1760 2100 S Salt Lake City, UT 84199	When was the debt incurred?			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	□ Unliquidated			
■ Debtor 1 and Debtor 2 only	Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
■ Check if this claim is for a community	☐ Student loans			
debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
Is the claim subject to offset?	report as priority claims			
No	☐ Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes	Other. Specify			

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Debtor 2	Robert B Martin Debbie M Martin	Case number (if known)	
0	spectrum	Last 4 digits of account number	\$300.00
	Nonpriority Creditor's Name 1078 E. Hospitality San Bernardino, CA 92408	When was the debt incurred?	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
9	Student Loan National Recoveries	Last 4 digits of account number	\$2,226.59
	Nonpriority Creditor's Name 14735 HIGHWAY 65 Andover, MN 55304	When was the debt incurred?	
_	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
0	Suncoast Payday Loan	Last 4 digits of account number	\$600.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

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	or 1 Robert B Martin Debbie M Martin		Case number (if known)				
4.3 1	Target Credit Services	Last 4 digits of account number		Unknown			
	Nonpriority Creditor's Name Po Box 673	When was the debt incurred?					
	Minneapolis, MN 55440 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	П					
	Debtor 2 only	☐ Contingent					
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	Check if this claim is for a community	☐ Student loans	· oldiiii				
	debt Is the claim subject to offset?		ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes						
4.3	Tbom/tfc	Last 4 digits of account number	5196	\$2,399.00			
_	Nonpriority Creditor's Name	_	Opened 1/27/17 Last Active				
	Po Box 13306 Virginia Beach, VA 23464	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	Debtor 1 only	Debtor 1 only					
	Debtor 2 only	· ·	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc					
4.3	Trident Asset Manageme	Last 4 digits of account number	8076	\$813.00			
	Nonpriority Creditor's Name 10375 Old Alabama Rd Ste	When was the debt incurred?	Opened 11/15				
	Alpharetta, GA 30022 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	ebtor 1 only					
	Debtor 2 only	Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only	· · · · · · · · · · · · · · · · · · ·					
	\square At least one of the debtors and another	_					
	Check if this claim is for a community						
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims					
	No	Debts to pension or profit-sharing	- -				
	Yes	Other. Specify Collection					

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	M Martin		0000	Case number (if known)				
Utah Department Of Workforce Services Nonpriority Creditor's Name PO BOX 45249		Last 4 digits of account number			\$1,400.00			
		When was the debt incurred?						
	City, UT 84145 et City State Zip Code	As of the data you file the claim	ia. Chaal	all that apply				
	et City State Zip Code ed the debt? Check one.	As of the date you file, the clain	is: Check	. ан тлат арріу				
Debtor 1	only	☐ Contingent						
Debtor 2	only	☐ Unliquidated						
Debtor 1	and Debtor 2 only	☐ Disputed						
☐ At least o	ne of the debtors and another	Type of NONPRIORITY unsecur	ed claim:					
Chack if	this claim is for a community	☐ Student loans						
debt	subject to offset?	☐ Obligations arising out of a sepreport as priority claims	paration ag	reement or divorce that you die	d not			
No	•	☐ Debts to pension or profit-shar	ing plans, a	and other similar debts				
Yes								
Walmart (Credit Card	Last 4 digits of account number			Unknow			
Nonpriority C	reditor's Name							
P.O. Box Orlando,		When was the debt incurred?	-					
Number Stre	et City State Zip Code	As of the date you file, the clain	is: Check	all that apply				
Who incurre	ed the debt? Check one.							
Debtor 1	only	☐ Contingent						
Debtor 2	only	□ Unliquidated						
Debtor 1	and Debtor 2 only	□ Disputed						
☐ At least o	one of the debtors and another	Type of NONPRIORITY unsecured claim:						
_	this claim is for a community	☐ Student loans						
debt	subject to offset?	☐ Obligations arising out of a sepreport as priority claims	paration ag	reement or divorce that you di	d not			
■ No	oubjoot to ondot.	Debts to pension or profit-shar	ing plans a	and other similar debts				
☐ Yes		Other. Specify Other Specify						
his page only ing to collect more than on ed for any del	from you for a debt you owe to so	bout your bankruptcy, for a debt that meone else, list the original creditor you listed in Parts 1 or 2, list the ad r submit this page.	in Parts 1	or 2, then list the collection	agency here. Similarly, if you			
	of certain types of unsecured clai	ms. This information is for statistical	reporting		59. Add the amounts for each			
	a Domostic support obligations		60	Total Claim	26.00			
Total laims	a. Domestic support obligations		6a.	\$17,63	00.00			
	b. Taxes and certain other debts	you owe the government	6b.	\$	0.00			
6	c. Claims for death or personal	njury while you were intoxicated	6c.	\$	0.00			

Total claims from Part 2

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Student loans

6f.

6e. Total Priority. Add lines 6a through 6d.

6g. Obligations arising out of a separation agreement or divorce that

17,636.00

52,495.00

0.00

Total Claim

6f.

6g.

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Debtor 1 Debtor 2	Robert B Martin Debbie M Martin		Case number (if known)			
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	23,724.08	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	76,219.08	

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Fill in this information to identify your case:						
Debtor 1	Robert B Martin					
	First Name	Middle Name	Last Name			
Debtor 2	Debbie M Martin					
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		CENTRAL DISTRICT C	F CALIFORNIA			
Case number						
(II KIIOWII)					☐ Check if this is an amended filing	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3	0.1,		- Clare	2 0000	
2.0	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	

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Fill in this inf	ormation to identify your	case:			
Debtor 1	Robert B Martin				
	First Name	Middle Name	Last Name		
Debtor 2	Debbie M Martin First Name	Middle Name	Last Name		
(Spouse if, filing)		Middle Name			
United States	Bankruptcy Court for the:	CENTRAL DISTRICT	OF CALIFORNIA		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official F	orm 106H				
_	le H: Your Cod	obtore			40/45
Scriedui	e n. Tour Cou	enioi2			12/15
	d case number (if known) have any codebtors? (If	• •		as a codebtor.	
■ No					
☐ Yes					
2 Within	the last 8 years, have you	lived in a community n	ronarty state or territor	3/2 (Community propert	y states and territories include
	California, Idaho, Louisiana,			• \	,
■ No. Co	4- E 0				
■ No. Go □ Yes Di	to line 3. d your spouse, former spou	use, or legal equivalent liv	ve with you at the time?		
— 100. D.	a your opouss, former open	aco, or logar equivalent in	o war you at the time.		
in line 2 a	igain as a codebtor only i D), Schedule E/F (Official	f that person is a guara	ntor or cosigner. Make	sure you have listed tl	g with you. List the person showr ne creditor on Schedule D (Officia Schedule E/F, or Schedule G to fi
	umn 1: Your codebtor				editor to whom you owe the debt
Name	e, Number, Street, City, State and ZI	P Code		Check all schedule	es that apply:
3.1				☐ Schedule D, lin	e
Nam	е			☐ Schedule E/F, I	ine
				☐ Schedule G, lin	e
Num	ber Street			_	
City		State	ZIP Code		
3.2 Nam	e			Schedule D, lin	
144111	-			☐ Schedule E/F, I☐ Schedule G, Iin	
				— Goriedule G, IIII	·
Num City	ber Street	State	ZIP Code		

Fill	in this information t	to identify your ca	ase:							
	btor 1	Robert B Ma								
	Debtor 2 Debbie M Martin (Spouse, if filing)									
	-	otcy Court for the	: CENTRAL DISTRICT	OF CALIFORNIA						
	se number	•		-			Check if this is: An amende A suppleme	nt showing p	•	
\bigcirc	fficial Form	1061						s of the follo	wing date:	
	chedule I:		omo				MM / DD/ Y	YYY		12/15
sup spo atta	plying correct info use. If you are sep ch a separate she	ormation. If you parated and you et to this form.	sible. If two married peo are married and not filir ir spouse is not filing wi On the top of any addition	ng jointly, and your s ith you, do not includ	pouse i le inforr	s living nation a	with you, incluation incluation with your spo	ide informat use. If more	ion about space is	your needed,
	rt 1: Describ	e Employment								
1.	information.	oyment		Debtor 1			Debtor 2	or non-filing	g spouse	
	If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or		Employment status	■ Employed□ Not employed	☐ Employed ■ Not employed					
			Occupation	Commerical Driv	er/ Cu	stomer	•			
	self-employed wo		Employer's name	Auto Zone						
	Occupation may include student or homemaker, if it applies.		Employer's address	^{ress} 401 E 4th Perris, CA 92570						
			How long employed the	here? 6 Montr	hs					
Par	rt 2: Give De	tails About Mor	nthly Income							
	mate monthly incouse unless you are		ate you file this form. If y	you have nothing to re	port for	any line,	write \$0 in the	space. Includ	le your nor	n-filing
	ou or your non-filing e space, attach a se		ore than one employer, co this form.	ombine the information	for all e	mploye	rs for that perso	n on the lines	below. If y	you need
						Fo	r Debtor 1	For Debto non-filing		
2.			ry, and commissions (be calculate what the monthly		2.	\$	1,772.55	\$	0.00	
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	1,772.55	\$	0.00	

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	tor 1 tor 2	Robert B Martin Debbie M Martin	-	(Case	e number (if known)				
					Fo	r Debtor 1		or Debtor		
	Cop	by line 4 here	4.		\$	1,772.55	\$		0.00	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ā.	\$	255.36	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b) .	\$	0.00	\$		0.00	-
	5c.	Voluntary contributions for retirement plans	50	.	\$	0.00	\$		0.00	-
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.00	\$		0.00	-
	5e.	Insurance	5e	€.	\$	0.00	\$		0.00	<u>-</u>
	5f.	Domestic support obligations	5f		\$	125.99	\$		0.00	- -
	5g.	Union dues	5g].	\$_	0.00	\$		0.00	_
	5h.	Other deductions. Specify:	5h	1.+	\$_	0.00	+ \$		0.00	=
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	381.35	\$		0.00	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	1,391.20	\$		0.00	=
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-		•		•			
	01	monthly net income.	88		\$_	0.00	\$		0.00	=
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			\$_	0.00	\$		0.00	=
		settlement, and property settlement.	80		\$_	0.00	\$		0.00	-
	8d.	Unemployment compensation	80		\$_	0.00	\$		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	86 8f		\$_ \$	0.00	\$		0.00	-
	8g.	Pension or retirement income	80] .	\$	0.00	\$		0.00	-
	8h.	Other monthly income. Specify: SSDI	8h	1.+	\$	0.00	+ \$		298.72	-
		SSDI	_		\$	0.00	\$		643.00	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	:	\$	0.00	\$		941.72	2
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$		1,391.20 + \$		941.72	= \$	2,332.92
11.	Incluothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe			•				0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies				,			\$	2,332.92
13.	Do	you expect an increase or decrease within the year after you file this form'	?					L	Combin monthly	ned y income
		No.								
		Yes. Explain:	_				_			

FIII	in this informa	ation to identify yo	our case:									
Debtor 1 Robert B Martin						eck if this is:						
	Debtor 2 (Spouse, if filing) Debbie M Martin						☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date:					
Unit	ted States Bankı	runtcy Court for the	· CENTE	AL DISTRICT OF CALIFO	PRNIA		MM / DD / YYYY					
		ruptcy Court for the	<u> </u>	THE BIOTHIOT OF CHEIF C			WIWI7 DD 7 TTTT					
	se number (nown)											
0	fficial Fo	rm 106J										
Be info	as complete ormation. If m		possible eded, atta	. If two married people ar								
Par 1.	t 1: Desci	ribe Your House	hold									
١.	□ No. Go to											
		es Debtor 2 live i	in a separ	ate household?								
	■ N	lo		al Form 106J-2, <i>Expens</i> es	for Separate House	ehold of De	ebtor 2.					
2.	Do you hav	e dependents?	□ No									
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?				
	Do not state				•			□ No				
	dependents	names.			Son		6	_ Yes □ No				
					Son		10	■ Yes				
								□ No				
								_ Pes				
								□ No □ Yes				
3.	Do your exp	penses include		No				_ Li res				
		of people other the d your depende	han 🦳	Yes								
Est exp	imate your ex	a date after the b	our bankr	uptcy filing date unless y				hapter 13 case to report of the form and fill in the				
the		h assistance and		government assistance i luded it on <i>Schedule I:</i> Y			Your ex	penses				
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4.	\$	659.00				
	If not includ	ded in line 4:										
	4a. Real e	estate taxes				4a.	\$	0.00				
		erty, homeowner's	s, or renter	's insurance		4b.		0.00				
			•	ipkeep expenses		4c.		0.00				
5.		owner's associat		dominium dues our residence, such as ho	me equity loans	4d. 5.	· -	0.00 0.00				
J.	, waitiviiai i	J. Lydyd Duyilli			caally loallo	Ο.	~	U.UU				

	tor 1 tor 2	Robert B Debbie M		Case num	ber (if known)	
6.	Utilit	ies:				
	6a.	Electricity,	heat, natural gas	6a.	\$	130.00
	6b.	Water, sev	ver, garbage collection	6b.	\$	36.00
	6c.	Telephone	, cell phone, Internet, satellite, and cable services	6c.	\$	165.00
	6d.	Other. Spe	ecify:	6d.	\$	0.00
7.	Food	and house	ekeeping supplies	7.	\$	963.00
8.	Child	dcare and c	hildren's education costs	8.	\$	0.00
9.	Cloth	ning, laundi	ry, and dry cleaning	9.	\$	264.00
10.	Pers	onal care p	roducts and services	10.	\$	75.00
11.	Medi	cal and der	ntal expenses	11.	\$	120.00
12.			Include gas, maintenance, bus or train fare.	10	¢.	300.00
40			ar payments.	12.	· -	
			clubs, recreation, newspapers, magazines, and books	13.		0.00
			ributions and religious donations	14.	\$	0.00
15.		rance.	surance deducted from your pay or included in lines 4 or 20.			
		Life insura		15a.	\$	0.00
		Health insi		15b.		0.00
		Vehicle ins		15b.	·	68.00
			rance. Specify:	15d.		0.00
16			clude taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00
10.	Spec		clude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.	Insta	Ilment or le	ease payments:			
	17a.	Car payme	ents for Vehicle 1	17a.	\$	235.00
	17b.	Car payme	ents for Vehicle 2	17b.	\$	0.00
	17c.	Other. Spe	ecify:	17c.	\$	0.00
	17d.	Other. Spe		17d.	\$	0.00
18.			of alimony, maintenance, and support that you did not report		_	0.00
			our pay on line 5, Schedule I, Your Income (Official Form 106	SI). 18.	\$	0.00
19.			you make to support others who do not live with you.		\$	0.00
	Spec	, <u> </u>		19.		
20.			erty expenses not included in lines 4 or 5 of this form or on So			0.00
		Real estate	on other property	20a.		0.00
				20b.	·	0.00
			nomeowner's, or renter's insurance	20c.	-	0.00
			ce, repair, and upkeep expenses	20d.		0.00
			er's association or condominium dues	20e.	· -	0.00
21.	Othe	r: Specify:		21.	+\$	0.00
22.	Calc	ulate your r	nonthly expenses			
	22a.	Add lines 4	through 21.		\$	3,015.00
	22b.	Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$	· .
	22c.	Add line 22a	a and 22b. The result is your monthly expenses.		\$	3,015.00
22	Calc	ulata vaur r	monthly not income			
23.		•	nonthly net income.	23a.	¢	2,332.92
		23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. 23b. Copy your monthly expenses from line 22c above.		23b.		3,015.00
	250.	Сору уош	monthly expenses from the 22c above.	250.	-Ψ	3,015.00
	23c.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	-682.08
		316	,			
24.	For ex	xample, do yo	In increase or decrease in your expenses within the year after u expect to finish paying for your car loan within the year or do you expect y terms of your mortgage?			ase or decrease because of a
	■ No					
	□ Ye		Explain here:			
		· · ·				

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Fill in this infor	mation to identify your	case:			
Debtor 1	Robert B Martin	III-EN N	V-2-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Debtor 2		Middle Name	Last Name		
(Spouse if, filing)	Debbie M Martin First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	CENTRAL DISTRICT	DF CALIFORNIA		
Case number					
(if known)					☐ Check if this is an amended filing
Official Forr	m 106Dec				
		n Individual	Debtor's Sch	edules	12/15
	8 U.S.C. §§ 152, 1341, 1				
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out bank	ruptcy forms?	
■ No					
☐ Yes.	Name of person		-		Petition Preparer's Notice, gnature (Official Form 119)
	alty of perjury, I declare	that I have read the sur	nmary and schedules filed w	rith this declaration and	
x R	l.s	£	x Dello	ee Martin	
	t B Martin ure of Debtor 1		Debbie M Ma Signature of De	1550	
Date _	414119		Date		
	▼ × × × × × × • •				

Fill in this infor	mation to identify you	case:			
Debtor 1	Robert B Martin				
Debtor 2	First Name Debbie M Martin	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	CENTRAL DISTRICT OF	CALIFORNIA		
Case number					
(if known)				_	Check if this is an amended filing
Official Fo		Affairs for Indivic	luals Filing for B	sankruntev	4/19
Be as complete information. If I number (if know	and accurate as possi nore space is needed, vn). Answer every ques	ble. If two married people a attach a separate sheet to	re filing together, both are this form. On the top of an	equally responsible for sup y additional pages, write you	plying correct
			Liveu Belole		
1. What is you	ur current marital statu	5 !			
■ Marrie □ Not ma					
		lived environment of the without	where were live many?		
_	last 3 years, have you	lived anywhere other than v	where you live now?		
□ No	ist all of the places you l	ived in the leet 2 years. Do no	at include where you live now		
		ived in the last 3 years. Do no	,		
Debtor 1 P	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there
136 Midw Perris, C	ay Unit C A 92570	From-To: 2015-2018	Same as Debtor	1	Same as Debtor 1 From-To:
No Yes. M Part 2 Expla 4. Did you ha Fill in the to If you are fil	ries include Arizona, Ca lake sure you fill out Sch ain the Sources of You we any income from en tal amount of income yo	lifornia, Idaho, Louisiana, New medule H: Your Codebtors (Of r Income mployment or from operating u received from all jobs and a have income that you receive	yada, New Mexico, Puerto R ficial Form 106H). g a business during this yell businesses, including part	nder Debtor 1.	Visconsin.)
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	1 of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$6,114.90	☐ Wages, commissions, bonuses, tips	\$0.00
		☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 1

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	lobert B Mar lebbie M Mar		ase number (if known)			
			Debter		Dahtan 0	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of ince Check all that ap	
For last cale (January 1 to	ndar year: o December 3	1, 2018)	■ Wages, commissions, bonuses, tips	\$4,473.00	☐ Wages, components bonuses, tips	missions, \$0.00
			☐ Operating a business		☐ Operating a b	business
	ndar year befo o December 3		■ Wages, commissions, bonuses, tips	\$15,916.00	☐ Wages, combonuses, tips	missions, \$0.00
			☐ Operating a business		☐ Operating a l	business
List each	•	e gross inco	e and you have income that		•	
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	
	ry 1 of current I filed for bank		SSDI	\$1,929.00		
For last cale (January 1 to	ndar year: o December 3	1, 2018)	SSDI	\$7,716.00		
	ndar year befo o December 3		SSDI	\$7,716.00		
Part 3: Lis	st Certain Pay	ments You	Made Before You Filed for	Bankruptcy		
6. Are eithe ☐ No.	Neither Deb	otor 1 nor D	s debts primarily consume lebtor 2 has primarily cons personal, family, or househo	umer debts. Consumer de	bts are defined in 11	U.S.C. § 101(8) as "incurred by an
	□ No.	Go to line 7		, , , ,	. ,	re?
		paid that cre not include		nts for domestic support ob this bankruptcy case.	ligations, such as chi	ild support and alimony. Also, do
Yes	Debtor 1 or	Debtor 2 o	r both have primarily constructions re you filed for bankruptcy, d	umer debts.		,
	□ _{No.}	Go to line 7				
	Yes	List below e include pay	each creditor to whom you pa			you paid that creditor. Do not Also, do not include payments to ar
Credito	r's Name and	Address	Dates of paymo	ent Total amount	Amount you still owe	Was this payment for

Official Form 107

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Debto Debto			Cas	se number (if known)	
(Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this p	ayment for
F	Capital One Auto Finan Po Box 259407 Plano, TX 75025	Last 3	\$705.00	\$5,939.00	☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplier ☐ Other	ard
In of a	Vithin 1 year before you filed for bankrup nsiders include your relatives; any general profession of the properties of the proprietor, person in business you operate as a sole proprietor. limony.	partners; relatives of any gen n control, or owner of 20% o	eral partners; partner r more of their voting	erships of which y g securities; and a	ou are a gener any managing a	al partner; corporations agent, including one for
	■ No] Yes. List all payments to an insider.					
	nsider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
in	/ithin 1 year before you filed for bankrup nsider? nclude payments on debts guaranteed or co ■ No ■ Yes. List all payments to an insider		ments or transfer a	any property on	account of a d	ebt that benefited an
_	nsider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
Li	Identify Legal Actions, Repossession Vithin 1 year before you filed for bankrup ist all such matters, including personal injurited indiffications, and contract disputes. No	tcy, were you a party in an				
	Case title Case number	Nature of the case	Court or agency		Status of the	ne case
	Vithin 1 year before you filed for bankrup theck all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.		rty repossessed, f	foreclosed, garn	ished, attache	d, seized, or levied?
(Creditor Name and Address	Describe the Property Explain what happened	ı	Date		Value of the property
	/ithin 90 days before you filed for bankruccounts or refuse to make a payment be ■ No ■ Yes. Fill in the details.		uding a bank or fii	nancial institutio	n, set off any	amounts from your
C	Creditor Name and Address	Describe the action the	creditor took	Date take	action was	Amount
	/ithin 1 year before you filed for bankrup ourt-appointed receiver, a custodian, or ■ No] Yes		erty in the possess	ion of an assign	ee for the ben	efit of creditors, a

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	otor 1 otor 2	Robert B Martin Debbie M Martin		Case number	(if known)	
Pai	t 5:	List Certain Gifts and Contribution	s			
13.	Gifts	n 2 years before you filed for bankro No Yes. Fill in the details for each gift. with a total value of more than \$60 person on to Whom You Gave the Gift and	. ,	did you give any gifts with a total value of more to	han \$600 per person' Dates you gave the gifts	? Value
	Addr					
14.	– N	n 2 years before you filed for bankru No ⁄ es. Fill in the details for each gift or co		did you give any gifts or contributions with a tota ion.	al value of more than	\$600 to any charity?
	more Char	or contributions to charities that to than \$600 ity's Name 'ess (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value
Pai	rt 6:	List Certain Losses				_
15.		n 1 year before you filed for bankru mbling?	ptcy or	since you filed for bankruptcy, did you lose anyt	thing because of thef	t, fire, other disaster,
	_	No ⁄es. Fill in the details.				
		ribe the property you lost and the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	t 7:	List Certain Payments or Transfers	i			
16.	consu	ulted about seeking bankruptcy or p	reparir	d you or anyone else acting on your behalf pay ong a bankruptcy petition? s, or credit counseling agencies for services required	• • •	rty to anyone you
	_	No ∕es. Fill in the details.				
	Addr Emai	on Who Was Paid 'ess il or website address on Who Made the Payment, if Not Y	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	1058 Rive	Offices of Paul Y. Lee 30 Magnolia Ave. Suite A erside, CA 92505 rt@leelawyer.com		Attorney Fees	4/2/19	\$1,500.00
17.	promi		litors o	d you or anyone else acting on your behalf pay or r to make payments to your creditors? ed on line 16.	or transfer any prope	rty to anyone who
		No /es. Fill in the details.				
		on Who Was Paid		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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	otor 1 Robert B Martin Debbie M Martin		c	case number (if known)	
	Within 2 years before you filed for bankrupte transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details.	usiness or financial affa ade as security (such as	airs? the granting of a se		
	Person Who Received Transfer Address	Description and v		Describe any property or payments received or debts paid in exchange	Date transfer was made
	Person's relationship to you			pana in oxionanigo	
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No		ny property to a se	elf-settled trust or similar device	of which you are a
	Yes. Fill in the details.	Description and	value of the much	who two works word	Data Transfer was
	Name of trust	Description and V	alue of the prope	rty transferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Ins	struments. Safe Deposi	t Boxes. and Stor	age Units	
	·				
	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association of the same series of the same serie	r other financial accou	nts; certificates o		
	Yes. Fill in the details.				
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accoun instrument	t or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Bank of America PO Box 17054 Wilmington, DE 19850	XXXX-	■ Checking □ Savings □ Money Marke □ Brokerage □ Other	3/4/19 t	\$0.00
	Bank of America PO Box 17054 Wilmington, DE 19850	xxxx-	☐ Checking ☐ Savings ☐ Money Marke ☐ Brokerage ☐ Other	10/2018	\$0.00
21.	Do you now have, or did you have within 1 y cash, or other valuables?	rear before you filed for	r bankruptcy, any	safe deposit box or other depos	itory for securities,
	Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the contents	Do you still have it?
22.	Have you stored property in a storage unit o	or place other than you	r home within 1 ye	ear before you filed for bankrupto	cy?
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		escribe the contents	Do you still have it?

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	btor 1 btor 2	Robert B Martin Debbie M Martin		Ca	ase number (if known)				
Pai	rt 9:	Identify Property You Hold or Control for	Someone Else						
23.	-	ou hold or control any property that some comeone.	one else owns? Include any prope	rty y	ou borrowed from, are storing for	, or hold in trust			
		No Yes. Fill in the details.							
		ner's Name ress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	escribe the property	Value			
Pai	rt 10:	Give Details About Environmental Informa	ation						
For	the pu	urpose of Part 10, the following definitions	apply:						
	toxic	ronmental law means any federal, state, or substances, wastes, or material into the a ations controlling the cleanup of these sul	ir, land, soil, surface water, groun	_	•				
		means any location, facility, or property as n, operate, or utilize it, including disposal		law	, whether you now own, operate, o	or utilize it or used			
		rdous material means anything an environ rdous material, pollutant, contaminant, or s		s wa	aste, hazardous substance, toxic s	ubstance,			
Rep	ort all	notices, releases, and proceedings that ye	ou know about, regardless of whe	n the	ey occurred.				
24.	Has a	any governmental unit notified you that you	u may be liable or potentially liable) un	der or in violation of an environme	ental law?			
		No Yes. Fill in the details.							
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	ıd	Environmental law, if you know it	Date of notice			
25.	Have	ve you notified any governmental unit of any release of hazardous material?							
		No Yes. Fill in the details.							
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	ıd	Environmental law, if you know it	Date of notice			
26.	Have	you been a party in any judicial or adminis	strative proceeding under any env	iron	mental law? Include settlements a	and orders.			
	_	No Yes. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case			
Pai	rt 11:	Give Details About Your Business or Con	nections to Any Business						
27.	Withi	in 4 years before you filed for bankruptcy,	did you own a business or have ar	ıy o	f the following connections to any	business?			
	I	☐ A sole proprietor or self-employed in a t	rade, profession, or other activity	, eitl	her full-time or part-time				
	ı	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ıip (l	LLP)				
	I	☐ A partner in a partnership							
	I	An officer, director, or managing execut	tive of a corporation						
	1	An owner of at least 5% of the voting or	equity securities of a corporation						

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Debtor 1 Debtor 2	Robert B Martin Debbie M Martin	Case number (it known)
	in 2 years before you filed for ban tutions, creditors, or other parties.	kruptcy, did you give a financial statement to anyone about your business? Include all financial .
	No	
	Yes. Fill in the details below.	
	ne Iress ber, Street, City, State and ZIP Code)	Date Issued
Part 12:	Sign Below	
Robert Signatur	§§ 152, 1341, 1519, and 3571. B Martin re of Debtor 1	Debbie M Martin Signature of Debtor 2 Date
	attach additional pages to Your Sta	atement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No □ Yes		
Did you p ■ No		is not an attorney to help you fill out bankruptcy forms? Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this info	rmation to identify your o	case:		
Debtor 1	Robert B Martin			
Dobto.	First Name	Middle Name	Last Name	
Debtor 2	Debbie M Martin			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	CENTRAL DISTR	RICT OF CALIFORNIA	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Fo	orm 108			
Stateme	nt of Intentio	n for Indiv	iduals Filing Under Chapto	er 7
			3 1	-
If you are an inc	dividual filing under chap	pter 7, you must fil	Il out this form if:	
creditors have	ve claims secured by yo	ur property, or		
you have lea	sed personal property a	nd the lease has n	oot expired.	
You must file the	nis form with the court w never is earlier, unless th	ithin 30 days after e court extends th	you file your bankruptcy petition or by the date s te time for cause. You must also send copies to th	et for the meeting of creditors, ne creditors and lessors you list
on the	•			
If two married p	eople are filing together	in a joint case, bo	oth are equally responsible for supplying correct i	nformation. Both debtors must
	and date the form.	, , , , , ,		
Be as complete	and accurate as possib	le. If more space is	s needed, attach a separate sheet to this form. On	the top of any additional pages,
write	your name and case nun	nber (if known).	•	
Part 1: List Y	our Creditors Who Have	e Secured Claims		
1. For any credi	-	irt 1 of Schedule D	2: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
	reditor and the property the	nat is collateral	What do you intend to do with the property tha	
			secures a debt?	as exempt on Schedule C?
Creditor's	Capital One Auto Fina	ın	☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	=
Description o	f 2009 Hyundai Sant	a Fe 105.000	Retain the property and enter into a	■ Yes
property	miles	,	Reaffirmation Agreement. Retain the property and [explain]:	
securing deb	t:		Tretain the property and [explain].	
	Your Unexpired Personal		in Schedule G: Executory Contracts and Unexpir	ad Lases (Official Form 106G) fill
in the information	on below. Do not list rea	ıl estate leases. Ur	nexpired leases are leases that are still in effect; the	ne lease period has not yet ended.
You may assum	ne an unexpired persona	I property lease if	the trustee does not assume it. 11 U.S.C. § 365(p)	(2).
Describe your	unexpired personal prop	perty leases		Will the lease be assumed?
Lessor's name: Description of le	ased			□ No
Property:	24304			☐ Yes
Lessor's name:	agaad			□ No
Description of le Property:	easeu			☐ Yes
. ,				_ 103
Lessor's name:				
Official Form 108	3	Statement of Ir	ntention for Individuals Filing Under Chapter 7	page 1
	=			page

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Debtor 1 Debtor 2	Robert B Martin Debbie M Martin	Case number (if known)	9.
Description Property:	n of leased		l No
			l Yes
Lessor's na			No
Description Property:	1 of leased		Yes
Lessor's na			l No
Description Property:	1 of leased		Yes
Lessor's na			No .
Description Property:	n of leased		Yes
Lessor's na			l No
Description Property:	n of leased		l Yes
Part 3:	Sign Below		
Under pen property th	alty of perjury, I declare that I have indicated my intention about any proper jut is subject to an unexpired lease.	ty of my estate that secur	res a debt and any personal
	ert B Martin ature of Debtor 1 Signature o		
Date	41419 Date 41	4/19	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

		filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Central District of California

In re	Robert B Martin Debbie M Martin	Case No.		
	Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENSATION OF ATTOI			
-	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorn compensation paid to me within one year before the filing of the petition in bankruptcy, be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy.	or agreed to be paid akruptcy case is as fol	to me, for services rendered or	to
	For legal services, I have agreed to accept	\$	1,500.00	
	Prior to the filing of this statement I have received	\$	1,500.00	
	Balance Due	\$	0.00	
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):		*	
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compensation with any other person	unless they are memb	pers and associates of my law fi	rm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons vecopy of the agreement, together with a list of the names of the people sharing in the			4
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspect	ts of the bankruptcy c	ase, including:	
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in det b. Preparation and filing of any petition, schedules, statement of affairs and plan which c. Representation of the debtor at the meeting of creditors and confirmation hearing, and d. [Other provisions as needed] 	n may be required;		
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following Attorney does not represent debtor(s) in any: (a) adversarial comp kind; (b) opposition to discharge, objections to discharge, objections to discharge, objection including but not limited to motion to impose or continue automat motion to avoid lien; (d) any matter related to an asset case.	olaint, action, proc on to trustee's mo	tion; (c) hearings of any ki	ny nd
	CERTIFICATION			
4.5.4	I certify that the foregoing is a complete statement of any agreement or arrangement for	r partnent to me for re	epresentation of the debtor(s) in	ĭ
this	bankruptcy proceeding.			
-	41419	200		
	Date Paul Y. Lee 2313 Signature of Attorn		22	
	Law Offices of P	aul Y. Lee		
	10580 Magnolia / Riverside, CA 92			
	951-755-1000 Fa			
	court@leelawye			
	Name of law firm			

Fill in this information to identify your case:						
Debtor 1	Robert B Martin					
Debtor 2 (Spouse, if filing)	Debbie M Martin					
United States Bankruptcy Court for the: Central District of California						
Case number						

Check one box only as directed in this form and in Form 122A-1Supp:
■ 1. There is no presumption of abuse
2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test</i> <i>Calculation</i> (Official Form 122A-2).
3. The Means Test does not apply now because of

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

quali	fying military service, complete and file Statement of Exemp					§ 707(b)(2) (Office			
Part	t 1: Calculate Your Current Monthly Income								
1.	What is your marital and filing status? Check one or	nly.							
	☐ Not married. Fill out Column A, lines 2-11.								
	■ Married and your spouse is filing with you. Fill o	ut both	Columns	A and B, lines	2-11.				
	☐ Married and your spouse is NOT filing with you.	You ar	nd your s	spouse are:					
	\square Living in the same household and are not lega	ally sep	arated.	Fill out both Co	lumns	A and B, lines 2	2-11.		
	☐ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are I living apart for reasons that do not include evadi	legally s	separated	d under nonbar	kruptc	y law that applie	es or that		
10 th	ill in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the tota pouses own the same rental property, put the income from that property.	nonth pe al by 6. Fi	riod would	l be March 1 thro sult. Do not inclu	ugh Aug de any i	just 31. If the amo ncome amount m	ount of you ore than o	ır monthly incom nce. For examp	ne varied during le, if both
					Colum		Columnon-fil	. –	
Your gross wages, salary, tips, bonuses, overtime, and commissions (before a payroll deductions).			ons (before all	\$	1,764.73	\$	0.00		
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			\$	0.00	\$	0.00			
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.									
5. Net income from operating a business, profession, or farm									
				otor 1					
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	- \$ _	0.00	_					
	Net monthly income from a business, profession, or far	m \$ _	0.00	Copy here ->	\$	0.00	\$	0.00	
6.	Net income from rental and other real property								
		•		otor 1					
	Gross receipts (before all deductions)	\$_	0.00						
	Ordinary and necessary operating expenses	- \$ _	0.00	_					
	Net monthly income from rental or other real property	\$_	0.00	Copy here ->	\$	0.00	\$	0.00	ļ
7.	Interest, dividends, and royalties				\$	0.00	\$	0.00	

Official Form 122A-1

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Robert B Martin Debtor 1 Debtor 2 Debbie M Martin Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you S For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 S 0.00 0.00 Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for + \$ 1.764.73 0.00 \$ 1,764.73 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: Copy line 11 here=> 1,764.73 12a. Copy your total current monthly income from line 11 x 12 Multiply by 12 (the number of months in a year) 21,176.76 12b 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: CA Fill in the state in which you live. 4 Fill in the number of people in your household. 96,813.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Sign Below Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. Robert B Martin Debbie M Martin Debtor 1 Date

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Official Form 122A-1

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Debtor 1	Robert B Martin		
Debtor 2	Debbie M Martin	Case number (if known)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **W2** Year-to-Date Income:

Last Year:

This Year:

Current Year-to-Date Income: \$6,114.90 from check dated 3/31/2019.

Income for six-month period (Current+(Ending-Starting)): \$_\$10,588.40 .

Average Monthly Income: \$1,764.73.

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Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY
Paul Y. Lee 231390	
10580 Magnolia Ave. Suite A Riverside, CA 92505	
951-755-1000 Fax: 951-840-3000	
California State Bar Number: 231390 CA	
court@leelawyer.com	
☐ Debtor(s) appearing without an attorney	
■ Attorney for Debtor	
	Y
	SANKRUPTCY COURT ICT OF CALIFORNIA
CENTRAL DISTR	ICT OF CALIFORNIA
In re:	
Robert B Martin	CASE NO.:
Debbie M Martin	CHAPTER: 7
	VERIFICATION OF MASTER
	MAILING LIST OF CREDITORS
	[LBR 1007-1(a)]
	[25.0.100(4)]
Debtor(s).	
Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's atto	rney if applicable, certifies under penalty of perjury that the
master mailing list of creditors filed in this bankruptcy case, consistent with the Debtor's schedules and I/we assume all	consisting of 3 sheet(s) is complete, correct, and
consistent with the Deptor's schedules and live assume all	responsibility of entries and offissions.
Date: 41414	MATT
Testes	Signature of Debtor 1
Date: 41416	X/ebboe Montine
- Inches	Signature of Debtor 2 (joint debtor)) (if applicable)
Date: 41416	1
	Signature of Attorney for Debtor (if applicable)

Robert B Martin 4675 Jackson St Apt 1 Riverside, CA 92503

Debbie M Martin 4675 Jackson St Apt 1 Riverside, CA 92503

Paul Y. Lee Law Offices of Paul Y. Lee 10580 Magnolia Ave. Suite A Riverside, CA 92505

Ad Astra Recovery Serv 7330 W 33rd St N Ste 118 Wichita, KS 67205

Advance America 1688 N Perris Blvd Ste. D-9 Perris, CA 92571

Amerassist Ar Solution Po Box 26095 Columbus, OH 43226

Aplus Walkin Urgent Care 29955 Technology Drive #111 Murrieta, CA 92563

Bank of America PO Box 17054 Wilmington, DE 19850 Capital One P.O. Box 60599 City of Industry, CA 91716

Capital One Auto Finan Po Box 259407 Plano, TX 75025

Care Credit/ Synchrony Bank Po Box 965061 Orlando, FL 32896

Cash Back Loans 10171 Magnolia Ave Riverside, CA 92503

Century Link
P.O. Box 4300
Carol Stream, IL 60197

Check N Go 75 W Nuevo Rd Unit K Perris, CA 92571

Collection Bureau Of A 25954 Eden Landing Road Hayward, CA 94541

Des Childsup Po Box 40458 Phoenix, AZ 85012 Easypay Finance PO BOX 2549 Carlsbad, CA 92018

Edison P.O. Box 800 Rosemead, CA 91770

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256

Fed Loan Serv Pob 60610 Harrisburg, PA 17106

Frontier Communication PO BOX 5157 Tampa, FL 33675

I C System Inc Po Box 64378 Saint Paul, MN 55164

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Money Tree PO Box 58363 Seattle, WA 98138 Oportun/progreso Finan 1600 Seaport Blvd Redwood City, CA 94063

Progressive Leasing 256 Data Dr Draper, UT 84020

Progressive Loan P.O. Box 22083 Tempe, AZ 85285

Security Credit Servic 2653 W Oxford Loop Oxford, MS 38655

Snap Finance 1760 2100 S Salt Lake City, UT 84199

spectrum 1078 E. Hospitality San Bernardino, CA 92408

Student Loan National Recoveries 14735 HIGHWAY 65 Andover, MN 55304

Suncoast Payday Loan

Target Credit Services Po Box 673 Minneapolis, MN 55440

Tbom/tfc Po Box 13306 Virginia Beach, VA 23464

Trident Asset Manageme 10375 Old Alabama Rd Ste Alpharetta, GA 30022

Utah Department Of Workforce Services PO BOX 45249 Salt Lake City, UT 84145

Walmart Credit Card P.O. Box 965023 Orlando, FL 32896